



U.S. Agency for
International
Development

Bureau for
Global Health

COUNTRY PROFILE

HIV/AIDS

CARIBBEAN

The HIV/AIDS pandemic looms as an unfolding crisis in the Caribbean, where HIV prevalence is the highest in the Americas and in the world, second only to sub-Saharan Africa. By the end of 2002, an estimated 440,000 people in the region were living with HIV/AIDS, up from 360,000 at the end of 1999. Uncertain estimates and a lack of consistent data, however, mean the real number of infected individuals is probably closer to 500,000.

HIV seroprevalence is particularly high in some places (e.g., Bahamas and Haiti), and particularly low in others, such as Cuba. According to the Pan Caribbean Partnership Against HIV/AIDS, the adult HIV/AIDS prevalence exceeds 1 percent in every country except Cuba.

The nations of the Caribbean face special developmental challenges because of small economies, heavy dependence on export revenues and tourism, lack of regional integration on trade and monetary issues, vulnerability to natural disasters, and a growing incidence of HIV/AIDS. Many countries are losing their youngest people to emigration, and to the effects of the HIV/AIDS epidemic.

AIDS is the leading cause of death among 15- to 44-year-olds in Anglophone countries in the region. Patients with AIDS now occupy 25 percent of all hospital beds. Late diagnosis is common, and few people receive treatment, even for opportunistic infections. HIV is transmitted primarily through sexual contact (64 percent of new cases via heterosexual, 11 percent via homosexual or bisexual). Recent research, however, indicates sexual identities are more fluid than is often assumed and that there is widespread, though hidden, bisexual behavior among men. Mother-to-child transmission, intravenous drug use, and blood transfusions collectively account for about 8 percent of new HIV infection, while 17 percent of the time the mode of transmission is unknown.

Heterosexual HIV transmission in the Caribbean is largely driven by early sexual debut and frequent partner exchange among young people. For example, a recent survey in St. Vincent and the Grenadines found one in every four men and women had been sexually active since before age 14, and one-half had been sexually active since age 16. Sexual relationships between younger women and older men are also driving the epidemic. In Trinidad and Tobago, for example, HIV rates are five times higher in girls than in boys, aged 15–19, and at one center for pregnant women in Jamaica, girls in their late teens had almost twice the HIV prevalence of older women.

Mother-to-child transmission of HIV is also higher in the Caribbean than in any other part of the Americas. The epidemic is shifting to younger populations; one-half of all new HIV infections occur in young people, aged 10–25.



Map of Caribbean: PCL Map Collection, University of Texas

REGIONAL RESPONSE

Many national leaders have not spoken openly about the epidemic in a proactive and forthright manner, nor have taken a leading role in introducing national policies and legislation. It is only recently they have been willing to heavily commit national resources to the issue. Policies and programs remain weak for a variety of reasons, including competing priorities, profound stigmatization around HIV disease, a possible lack of appreciation of the potential consequences of the epidemic, and a paucity of reliable data on its size and scope.

Although virtually all Caribbean countries have established national AIDS programs and taken some measures to control the epidemic; the scope and effectiveness of their responses vary considerably. Some countries have recently only begun to prepare national strategic plans to address AIDS, while others have already launched their plans and are well into implementation. By the end of 2002, 13 countries in the region had drafted or finalized national strategic plans.

Like elsewhere in the world, the health care infrastructures of most Caribbean nations are inadequately prepared to meet the challenges of the epidemic. Poverty, macroeconomic policies, and political instability remain major obstacles. Because the Caribbean comprises so many small but sovereign island-nations, regional organizations, such as the Caribbean Community (CARICOM) and the Caribbean Epidemiology Centre (CAREC) are playing a vital role in creating linkages to exchange information and resources.

Despite the deeply rooted social and economic issues driving the epidemic and the already considerable spread of HIV, the region as a whole is becoming increasingly mobilized to contain the spread of HIV/AIDS. For example, the Pan-Caribbean Partnership against HIV/AIDS was launched in 2001, and in March 2002, the Caribbean Community issued their Caribbean Regional Strategic Framework for HIV/AIDS for 2002–2006. A growing number of organizations with HIV/AIDS components and networks of people living with HIV/AIDS are now active, some on a regional scale. The international support to the region, although limited to date, is increasing and is prompting advocacy, policy development, and service level interventions.

Adult HIV prevalence rates (end of 2001)*	
Caribbean Region (2002)	2.4%
Bahamas	3.5%
Barbados	1.2%
Cuba	<0.1%
Dominican Republic	2.5%
Guyana	2.7%
Haiti	6.1%
Jamaica	1.2%
Surinam	1.2%
Trinidad and Tobago	2.5%
Total population (2001)*	
Bahamas	308,000
Barbados	268,000
Cuba	11,237,000
Dominican Republic	8,507,000
Guyana	763,000
Haiti	8,270,000
Jamaica	2,598,000
Surinam	419,000
Trinidad and Tobago	1,300,000
Number of adults and children living with HIV/AIDS (end of 2001)*	
Caribbean Region (2002)	440,000
Bahamas	6,200
Barbados†	2,000
Cuba	3,200
Dominican Republic	130,000
Guyana	18,000
Haiti	250,000
Jamaica	20,000
Suriname	3,700
Trinidad and Tobago	17,000
<p>*Statistics are not readily available for all countries; the countries listed are those for which recent estimates are available, and are representative of the Caribbean region at large.</p> <p>†Adults only.</p>	

Source: UNAIDS

USAID SUPPORT

USAID's Caribbean Regional Program on HIV/AIDS is aimed at mitigating the destructive effects of the HIV/AIDS epidemic in the Caribbean and preventing further harm. Its activities are concentrated in Caribbean countries where USAID does not maintain a permanent Mission. The program works in collaboration with other partners and is composed of a range of activities that boost the capacities of local, national, and regional organizations to mount a coordinated regional response to HIV/AIDS. These include: a nongovernmental organization strengthening program; support to the Caribbean Epidemiology Center; a training of master trainers program in voluntary counseling and testing; support to establish a network of regional HIV/AIDS training centers; and support to the Caribbean Community and the Pan Caribbean Partnership Against AIDS, the regional coordinating bodies on HIV/AIDS.

USAID's regional HIV/AIDS program began in 2001 and is expected to run through 2004. It is part of President Bush's Third Border Initiative, a package of programs designed to enhance diplomatic, economic, health, education, and law enforcement cooperation and collaboration between the Caribbean region and the United States.

The regional HIV/AIDS program's two specific aims are to:

- Increase the capacity of nongovernmental and community-based organizations to deliver HIV/AIDS prevention and care programs in targeted countries; and
- Increase government capacity to implement an effective response to HIV/AIDS.

USAID partners in the Caribbean include the Caribbean Epidemiology Centre/Pan American Health Organization, the Caribbean Community, the Eastern Caribbean United Nations Theme Group on HIV/AIDS, the Centers for Disease Control and Prevention, the Peace Corps, and other international donors.

Pan Caribbean Partnership Against HIV/AIDS

The Pan Caribbean Partnership Against HIV/AIDS was founded in 2001 to mobilize the collective resources of the Caribbean Region and the world to provide a unified vision and direction to halt the spread of HIV/AIDS in the Caribbean. USAID, along with 27 countries, 11 institutions, and 12 donors, is an active member of the Partnership and supports the position of the Pan Caribbean Partnership Against HIV/AIDS to strengthen the organization and enable the Caribbean Community-based Secretariat to effectively fulfill its role.

The Caribbean Epidemiology Centre

USAID provides approximately 35 percent of the annual budget for the Caribbean Epidemiology Centre's Special Program on Sexually Transmitted Infections. The Caribbean Epidemiology Centre works to strengthen surveillance systems, assist national programs to formulate their national strategic plans on HIV/AIDS, maintain a reference lab for the region, and improve HIV/AIDS services in clinical and diagnostic management. The Caribbean Epidemiology Centre plays an active role in the Pan-Caribbean Partnership Against HIV/AIDS.

Regional training centers in HIV/AIDS

As governments and nongovernmental organizations scale up activities to meet the demands for care, it has become clear that a shortage of health care providers trained in HIV/AIDS exists at all levels. To address this shortage in human resources, USAID is working closely with the Centers for Disease Control and Prevention and other partners to establish a network of HIV/AIDS training centers in the Caribbean region. Called the CHART (Caribbean HIV/AIDS Regional Training) Initiative, efforts are underway to establish centers in Haiti, the Bahamas, Barbados, Jamaica, and Trinidad and Tobago. In Jamaica, the training center will also house a USAID-funded regional initiative to train and mentor master trainers in HIV/AIDS voluntary counseling, testing, and referral.

Information and education

Technical assistance is provided for peer counseling, media outreach, and working with people living with HIV/AIDS. USAID coordinates these activities through Family Health International and a small grants program for Peace Corps volunteers in the region. For example, in 2002, the Ashe Caribbean Arts Ensemble from Jamaica conducted a five-day workshop in the Bahamas and four other Caribbean nations aimed at training secondary school guidance counselors on how to teach reproductive health and sexuality to youth. The group began its follow-up 2003 Caribbean tour in St. Kitts and Nevis. The program included a follow-up workshop for last year's participants and a workshop on its recently completed *Parenting Vibes Manual* for guidance counselors, nurses, peer educators, teachers, representatives from nongovernmental organizations, and health care providers. Ashe conducted similar follow-up programs in St. Vincent, St. Lucia, Guyana, Suriname, and Trinidad and Tobago.

Nongovernmental and community-based organizations

Communities are often in the best position to care for their own individuals infected and affected by HIV once the stigma and discrimination associated with HIV and AIDS disappears. With funding from USAID, local and national organizations began training people who work with local organizations so they can better institute AIDS prevention programs. The emphasis is on providing "south to south" technical assistance (i.e., sharing and spreading regional expertise), capacity building, and encouraging on-the-ground interventions primarily through the disbursements of small grants. Family Health International oversees this work in Guyana, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, and Trinidad and Tobago. Stichting Lobi, the local Planned Parenthood affiliate in Suriname, and the Trinidad and Tobago HIV/AIDS Alliance, have been chosen to serve as the focal organizations in those respective countries to work to make other organizations stronger. Family Health International coordinates with the United Nations Development Programme in Trinidad and Tobago to ensure similar programs there do not overlap.

Stigma reduction

People in the region who are infected and affected by HIV/AIDS are subject to discrimination, particularly on small islands where privacy and confidentiality are problematic. Stigma against people with HIV or AIDS forces them to hide their illness, and thus enables ongoing transmission of the virus. Most people with HIV do not receive adequate education or care during the symptomatic stages of their illness. When national and local governments work to lessen stigma directed at those who are marginalized, programs for HIV prevention will be more effective, and service providers will be more willing to care for those who are infected. USAID is partnering with the Caribbean Community, the Canadian International Development Agency, and the United Kingdom's Division for International Development on a project that addresses law, ethics, and human rights around HIV/AIDS.

Additionally, the International AIDS Alliance collects and disseminates good practices among local organizations that work with populations traditionally hard to contact (e.g., people living with HIV/AIDS, commercial sex workers, and people who participate in same-sex activity). For example, at a February 2003 meeting in St. Lucia for members of 19 organizations that represent these population groups, all members agreed a regional program that invests in sharing and learning is the best way the Alliance can support HIV/AIDS work in the Caribbean.

Voluntary counseling and testing

The JHPIEGO program, through Johns Hopkins University, will conduct a training of master trainers program in voluntary counseling and testing in Jamaica, Guyana, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, and Trinidad and Tobago. Participation by representatives from other nations in the region is also welcome. The Centers for Disease Control and Prevention has agreed to contribute funding to the program as part of its support to an initiative to prevent mother-to-child transmission.

Important Links and Contacts

USAID Caribbean HIV/AIDS Regional Office

2 Haining Road
Kingston 5
Jamaica, West Indies
Tel. (876) 926-3645
Fax (876) 929-9944

Caribbean Epidemiology Centre

16-18 Jamaica Boulevard, Federation Park
P.O. Box 164, Port of Spain
Republic of Trinidad and Tobago
Tel: (868) 622-4261

*Prepared for USAID by TvT Global Health and Development Strategies/Social & Scientific Systems, Inc.,
under The Synergy Project*

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April 2003

